

March 04, 2021

The Honorable Gary A. Winfield
The Honorable Steven J. Stafstrom
The Honorable Alex Kasser
The Honorable Matt Blumenthal
The Honorable John A. Kissel
The Honorable Craig C. Fishbein
Joint Committee on Judiciary
Connecticut General Assembly
210 Capitol Avenue
Hartford, CT 06106

Dear Chairs Winfield and Stafstrom, Vice Chairs Kasser and Blumenthal, Ranking Members Kissel and Fishbein, and Members of the Joint Committee on Judiciary,

Our names are Faith, Garrett, Purven, Moe, and Julia, and we are medical students living in Connecticut. We write to provide testimony in support of **Raised Bill No. 6321, An Act Concerning the Adoption and Implementation of the Connecticut Parentage Act**. Passing the Connecticut Parentage Act is a necessary step towards ensuring that *all* children in Connecticut can benefit from secure and consistent relationships with their parents.

Parentage laws in Connecticut are outdated and do not reflect what professionals and researchers in medicine and science have long known about parent-child relationships and their impact on child development. Because current parentage laws focus on the rights of biological mothers and fathers, many of Connecticut's families have been left without sufficient legal protection. This is particularly true for families headed by same-sex couples and those with children born through assisted reproduction. The Connecticut Parentage Act will create a path for non-biological parents to formalize their parental status, protecting all of Connecticut's children and their secure parental relationships.

Scientific research teaches that it is vitally important for parents to establish strong and secure relationships with their children. In child development, we call this "secure parental attachment," and it is formed when a parent provides continuous and reliable care for a child.¹ Studies have shown that a secure parental attachment is the *single most important factor* in promoting a child's long-term psychological, emotional, and behavioral well-being.²

¹ INST. MED. & NAT'L RESEARCH COUNCIL, FROM NEURONS TO NEIGHBORHOODS: THE SCIENCE OF EARLY CHILDHOOD DEVELOPMENT 231–36 (Jack P. Shonkoff & Deborah A. Phillips eds., 2000).

² NAT'L ACAD. SCI. ENG'G & MED., VIBRANT AND HEALTHY KIDS: ALIGNING SCIENCE, PRACTICE, AND POLICY TO ADVANCE HEALTH EQUITY 240 (Jennifer E. DeVoe et al. eds., 2019).

Secure attachments form between children and adults regardless of family form. An attachment relationship does not depend on the existence of a biological relationship or on the marital status, gender, or sexual orientation of the parents. Research shows, for example, that children raised in same-sex-couple-headed households form relationships with their parents that are just as strong as those formed in different-sex-couple-headed households.³

When children do not benefit from a secure parental attachment, or when their secure parental attachments are severed, they may experience trauma and suffer from significant developmental harm, the effects of which can last into adulthood.⁴ Insecure parental attachments heighten anxiety, make it more difficult to form healthy relationships in the future, and put children at a higher risk for mental health and substance abuse disorders as adults.⁵

Legal recognition of children's parental attachments is critical to ensuring that they benefit from the long-term psychological, emotional, and behavioral well-being that secure attachments provide. Legal parents have a right to maintain a relationship with their children and to make decisions about their children's care, giving these relationships security and stability that nonlegal relationships lack. Without legal recognition, parents may not be able to provide the continuous and reliable care necessary for the maintenance of a secure parental attachment. This leaves children vulnerable.

As a medical students, we have seen how crucial legal recognition is when a child is sick. Only legal parents can provide health insurance to their children, and only legal parents have the right to visit their child in the hospital. Only legal parents have the right and responsibility to make important decisions about their child's medical care. This often means that non-biological parents are unable to help their children when they are at their most vulnerable.

In recognition of the vital role that secure parental relationships play in children's long-term health and well-being, we must update Connecticut's laws to reflect the diversity of today's families. The Connecticut Parentage Act will ensure that a child's parents can gain the legal recognition they need to fully care for their children. For the foregoing reasons, we ask the Committee to support Bill 6321.

³ *Id.* at 256 (citing Alicia Crowl et al., *A Meta-Analysis of Developmental Outcomes for Children of Same-Sex and Heterosexual Parents*, 4 J. GLBT FAM. STUD. 385 (2008)).

⁴ *See Id.*; *see also* Am. Acad. Pediatrics Comm. on Early Childhood, Adoption & Dependent Care, *Developmental Issues for Young Children in Foster Care*, 106 PEDIATRICS 1145, 1145 (2000); and Yvon Gauthier et al., *Clinical Application of Attachment Theory in Permanency Planning for Children in Foster Care: The Importance of Continuity of Care*, 25 INFANT MENTAL HEALTH J. 379, 394 (2004) (explaining that children experience negative consequences when separated not just from biological parents, but from non-biological parents as well).

⁵ Kenneth S. Kendler et al., *Childhood Parental Loss and Alcoholism in Women: A Causal Analysis Using a Twin-Family Design*, 26 PSYCHOL. MED. 79–95 (1996); Takeshi Otowa et al., *The Impact of Childhood Parental Loss on Risk for Mood, Anxiety and Substance Use Disorders in a Population-Based Sample of Male Twins*, 220 PSYCHIATRY RES. 404 (2014).

Sincerely,

Faith Crittenden, Garrett Fontaine, Purven Parikh, Moe Uddin, and Julia Plourde